

Case Number:	CM13-0056822		
Date Assigned:	12/30/2013	Date of Injury:	09/02/2005
Decision Date:	03/31/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, Pain Management, has a subspecialty in Florida and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is 47-year-old male who reported an injury on 09/02/2005. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar spinal stenosis, lumbar radiculopathy, myalgia, myositis, and lumbosacral disc degeneration. The patient was seen by [REDACTED] on 08/21/2013. The patient reported lower back pain, as well as bilateral lower extremity radicular pain. Physical examination revealed an antalgic gait, pain and difficulty with transfers, decreased range of motion, and paraspinous muscle tenderness. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone-Acetaminophen 10/325 mg #240 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain in the lower back and bilateral lower extremities. The patient's physical examination continues to reveal pain and difficulty with transfers, decreased range of motion, and muscle tenderness. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is noncertified.